



CENTCOM AOR UPDATE

"The Long War"

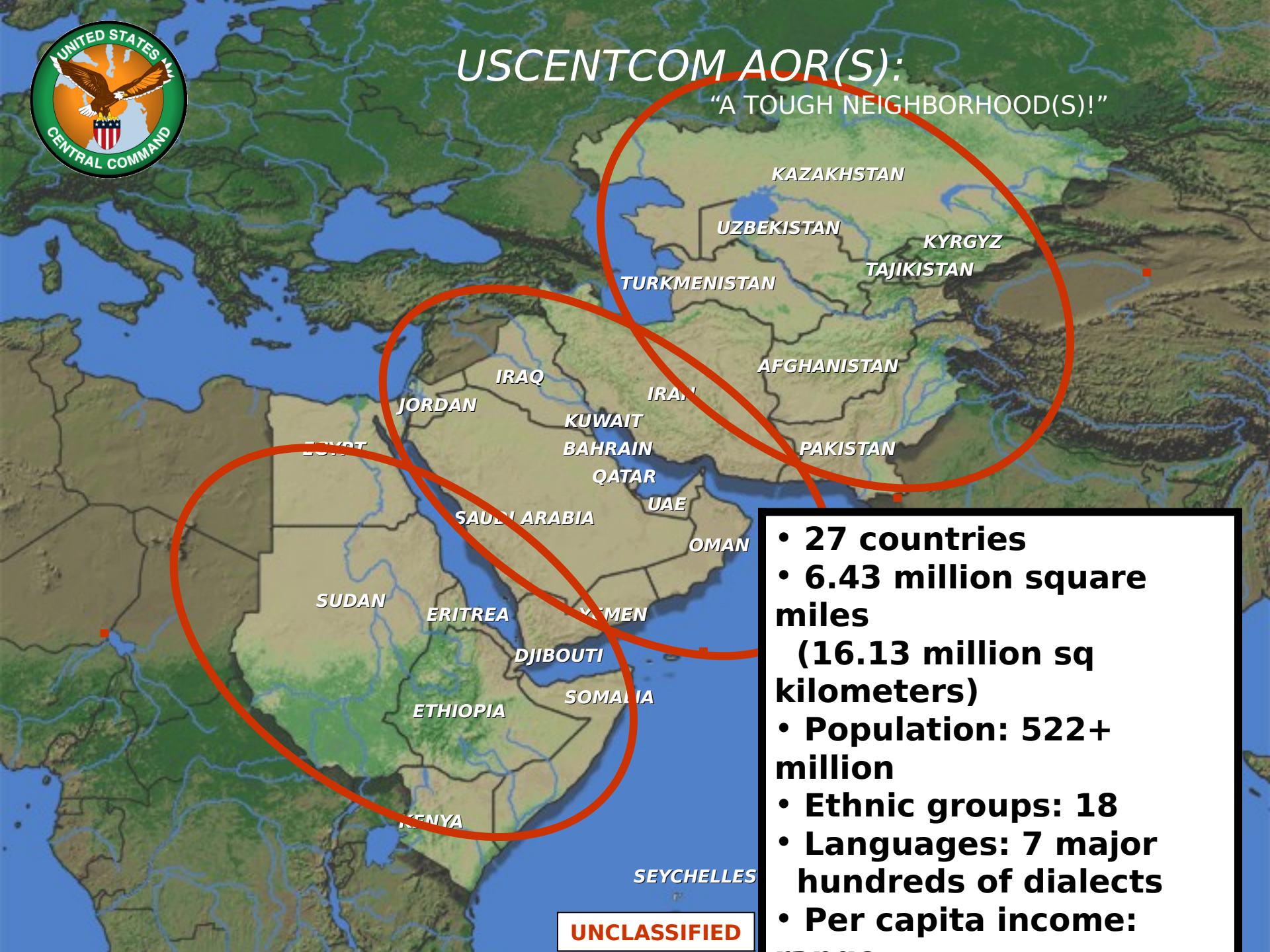


**COLONEL DOUGLAS J.
ROBB
CENTCOM SURGEON
NOVEMBER 2005**



USCENTCOM AOR(S):

"A TOUGH NEIGHBORHOOD(S)!"



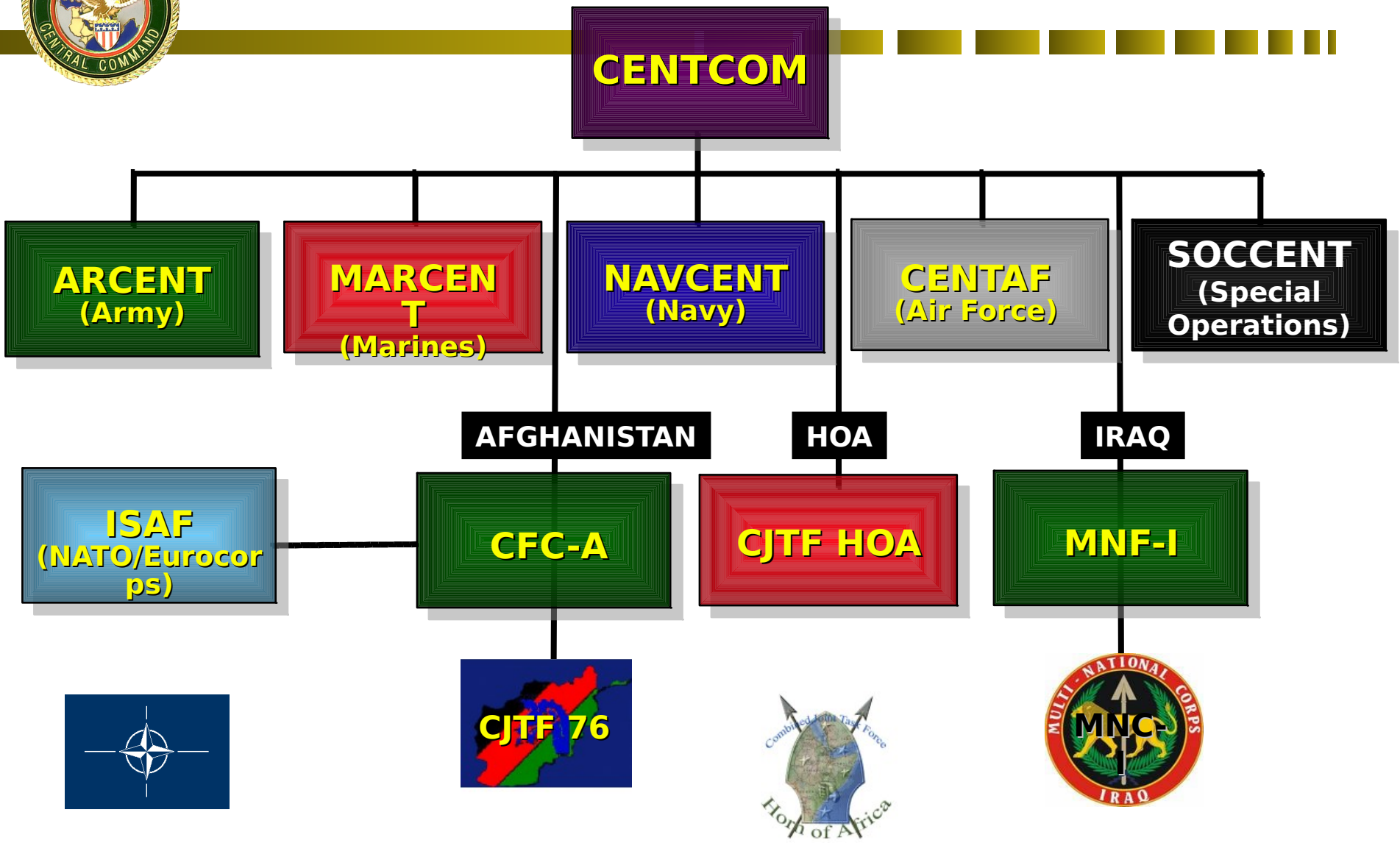
- 27 countries
- 6.43 million square miles
(16.13 million sq kilometers)
- Population: 522+ million
- Ethnic groups: 18
- Languages: 7 major
hundreds of dialects
- Per capita income:

UNCLASSIFIED



CENTCOM ORGANIZATION

COMMAND RELATIONSHIPS





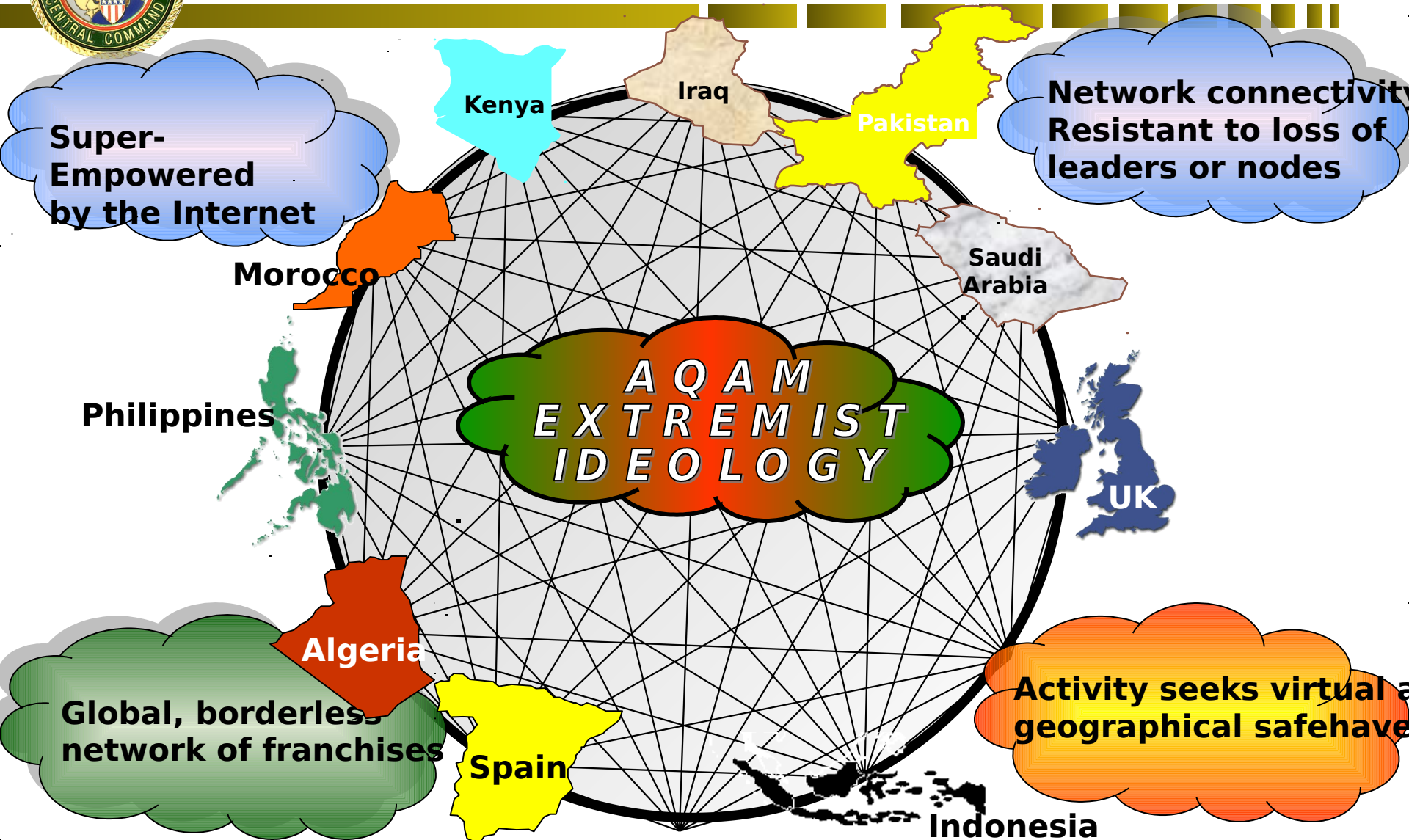
The Nature of Al-Qaida and Associated Movements

In a region of many violent insurgencies, small wars, and chronic instability, Al Qaida and its Associated Movements (AQAM) are our main enemy:

- Extremist ideology**
- Virtually connected**
- Actively seeking WMD**
- Ruthless; no neutral ground**



Al-Qaida and Associated Movements (AQAM): A Global Insurgency within many Insurgencies



THE NETWORK FEEDS ON INSTABILITY



Objectives

- Re-establish the Caliphate
- Establish Sharia Law

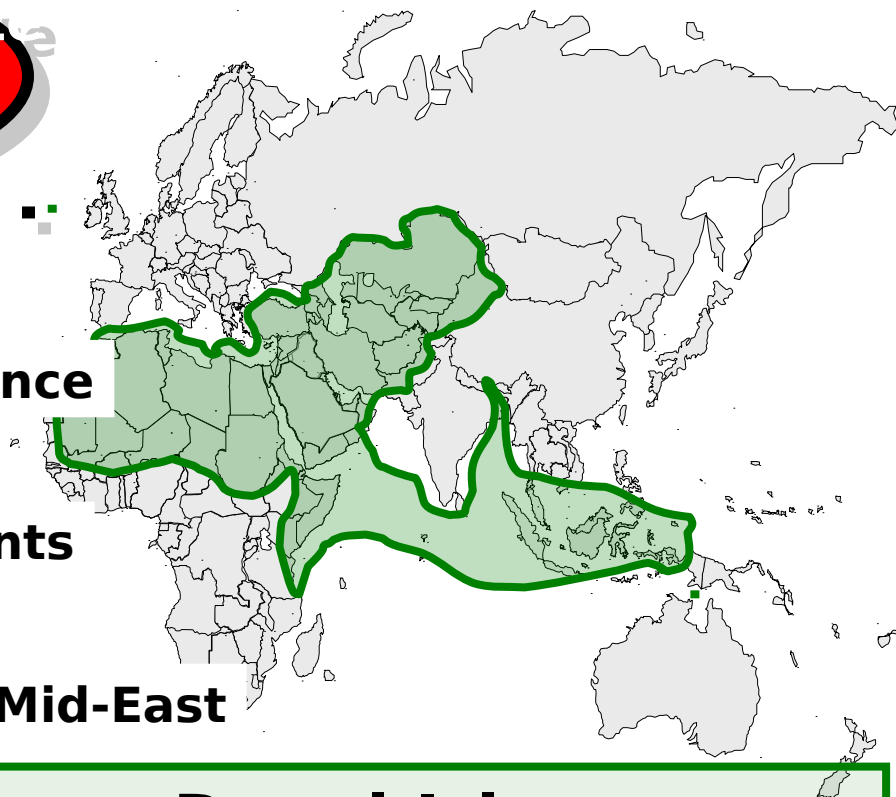
Rid Dar al-Islam of Zionist Presence

Overthrow Apostate Governments

Get U.S./Western Influence out of Mid-East

Advocate Jihad

Source: UBL
1996 & 1998

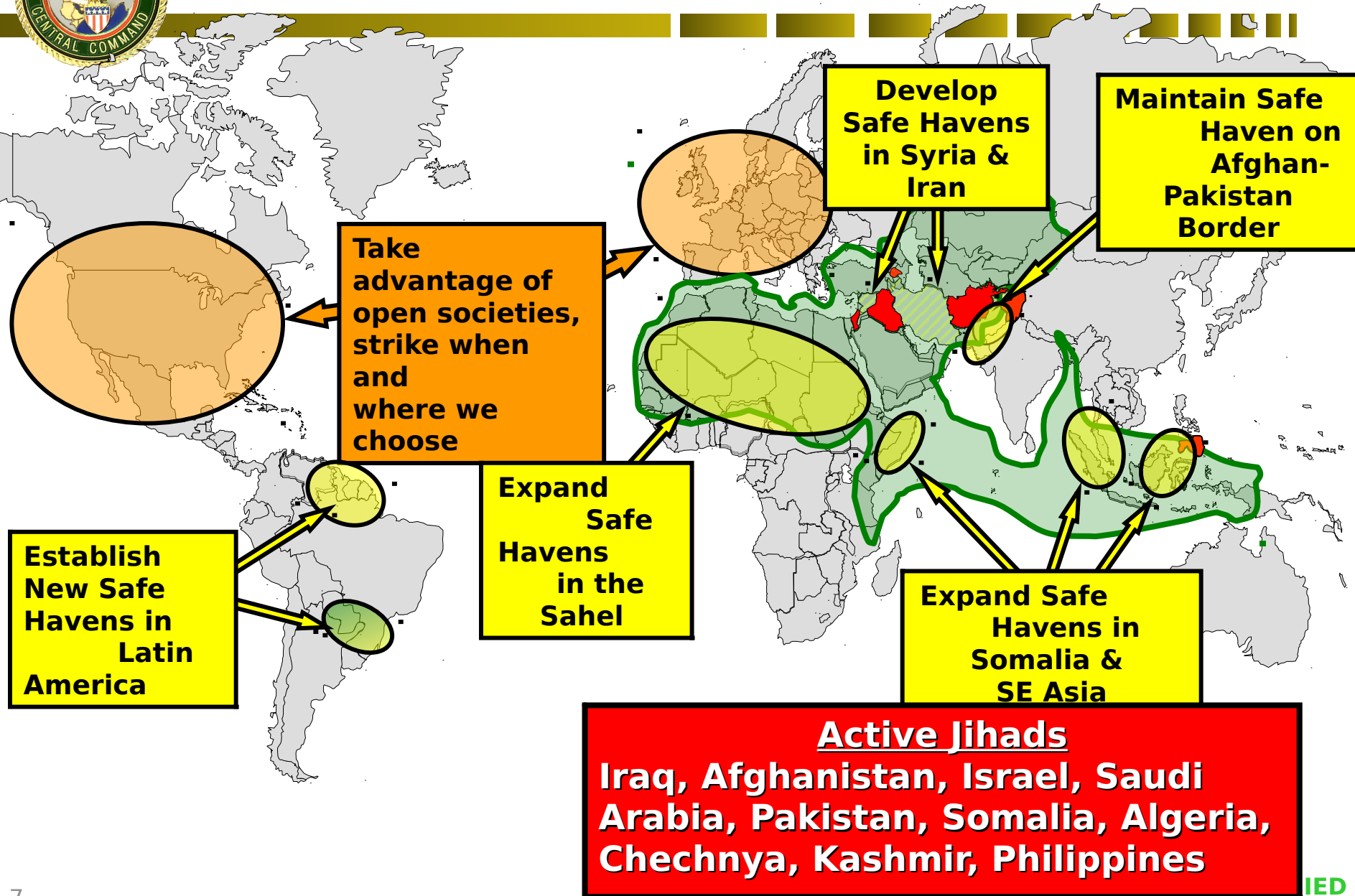


Dar al-Islam
"Abode of Peace"

Geographical areas that are under
Muslim rule and governed by Islamic



Current Fight



Bankrupt and Exhaust the Far Enemy

Continue to Establish Safe Havens

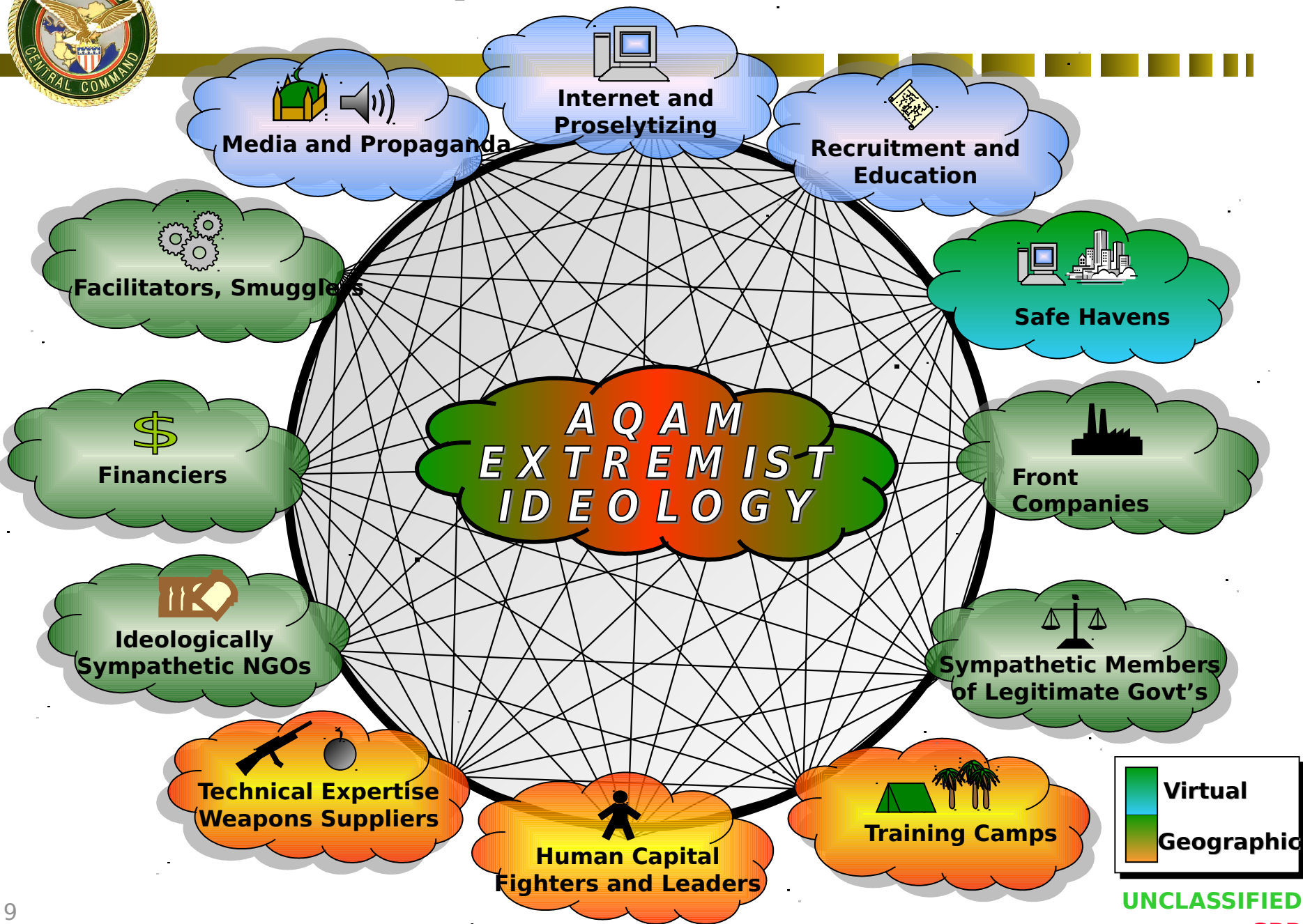
Expand Dar al Islam

Expand the Jihad to secure Dar al Islam, overthrow apostates, gain

Expand the Jihad to secure Dar al Islam, overthrow apostates, gain WMD capabilities, and control the oil resources of the region.



AQAM: A Threat in All Realms





CENTCOM Principles for a Long War

- **Provide a protective shield which:**
 - **Enables political reform and economic progress**
 - **Counters WMD proliferation**
 - **Safeguards the flow of strategic resources**
- **Use the indirect approach: help others help themselves**
- **Avoid dependency syndrome: promote self-reliant partners**
- **Remove perception of occupation: we have no designs on territory or resources**
- **Enhance our own networks amongst agencies, allies, coalitions and partners**
- **Posture forces and resources for the Long War**



International-Interagency constant pressure over time



FULL SPECTRUM HEALTHCARE FROM TIKRIT TO WRAMC...

- **Force Health Protection**
- **Tactical Combat Causality Care (TCCC)**
- **Forward Surgical Care**
- **MEDEVAC**
- **Level II/III Expeditionary Hospitals**
- **Aeromedical Evacuation (AE)**
- **Critical Care Air Transport Teams (CCATT)**
- **“Joint Theater Support Teams”**
 - **Joint Theater Trauma System (JTTS)**
 - **Joint Patient Tracking Application (JPTA)**
 - **Telemedicine & Teleradiology**
 - **Joint Logistics (SIMLM)**
 - **Joint Blood Program (JPB)**
- **Destination: World Class OCONUS/CONUS Military Healthcare System**



TRANSLATES TO:

- **Lowest Disease Non-Battle injury rates in recent recorded conflict**
 - **Gulf War 65/1000 personnel per week**
 - **OIF 52/1000 War Phase; 40/1000 Stabilization Phase**
- **Lowest Lethality Rates in recorded conflict**
 - **WWII 30%**
 - **Vietnam/Gulf War 24%**
 - **OEF/OIF 9%**



LETHALITY OF WAR WOUNDS

AMONG U.S. SOLDIERS*

WAR	LETHALITY OF WAR WOUNDS %
WWI	21
WWII	30
KOREAN WAR	25
VIET NAM	24
GULF WAR	24
OEF/OIF (AS OF Aug 2005)	9

*Data from Department of Defense



DISEASE NON-BATTLE INJURY RATES

DNBI Category	DNBI Rate per 1,000 Personnel per Week						
	DS/DS ¹	OJE ¹	OJG ²	War Phase ³		Stabilization Phase ⁴	
				OEF	OIF	OEF	OIF
Total DNBI	64.8	70.9	81.2	57.3	51.9	52.6	40.3

¹ Sanchez, Craig, Kohlhase, et al. Mil Med 2001;166:470-4

² McKee, Kortepeter, Ljaamo. Mil Med 1998;163:733-42

³ 15 March 2003 - 3 May 2003

⁴ 4 May 2003 - 20 August 2005



WHO WE TAKE CARE OF...

(15 Sept 2005)

- **US MILITARY: 219,900**
 - **Army: 154,600**
 - **Marines: 25,700**
 - **Navy: 16,900**
 - **AF: 22,400**
 - **Coast Guard: 300**
- **COALITION: 29,150**
- **CIVILIAN: 29,700**
- **TOTAL: 278,750**



FORCE HEALTH PROTECTION

Begins BEFORE You Step to the Jet!

- **Established CENTCOM Deployment Medical Guidance**
 - Military and Civilian Standards
 - Tourniquets and Hemostatic Dressings
- **Deployment Health Assessments**
 - Pre and Post
 - PDHRA after 90 and before 180 days
- **Immunizations**
 - Routine/Anthrax/Smallpox
- **Chemoprophylaxis**
 - CBRN and Vector
- **Occupational Environmental Health Surveillance (OEHS)**
 - Air, Water, Soil
 - Food
 - Occupational and Industrial Hygiene
 - CBRN





TACTICAL COMBAT CAUSALITY CARE (TCCC)

Correct Intervention At The Correct Time In The Continuum Of Combat



- Rapid Casualty Assessment (ABO)
- Control Hemorrhage
- Treat penetrating chest trauma
- Maintain airway
- Package casualty for transport

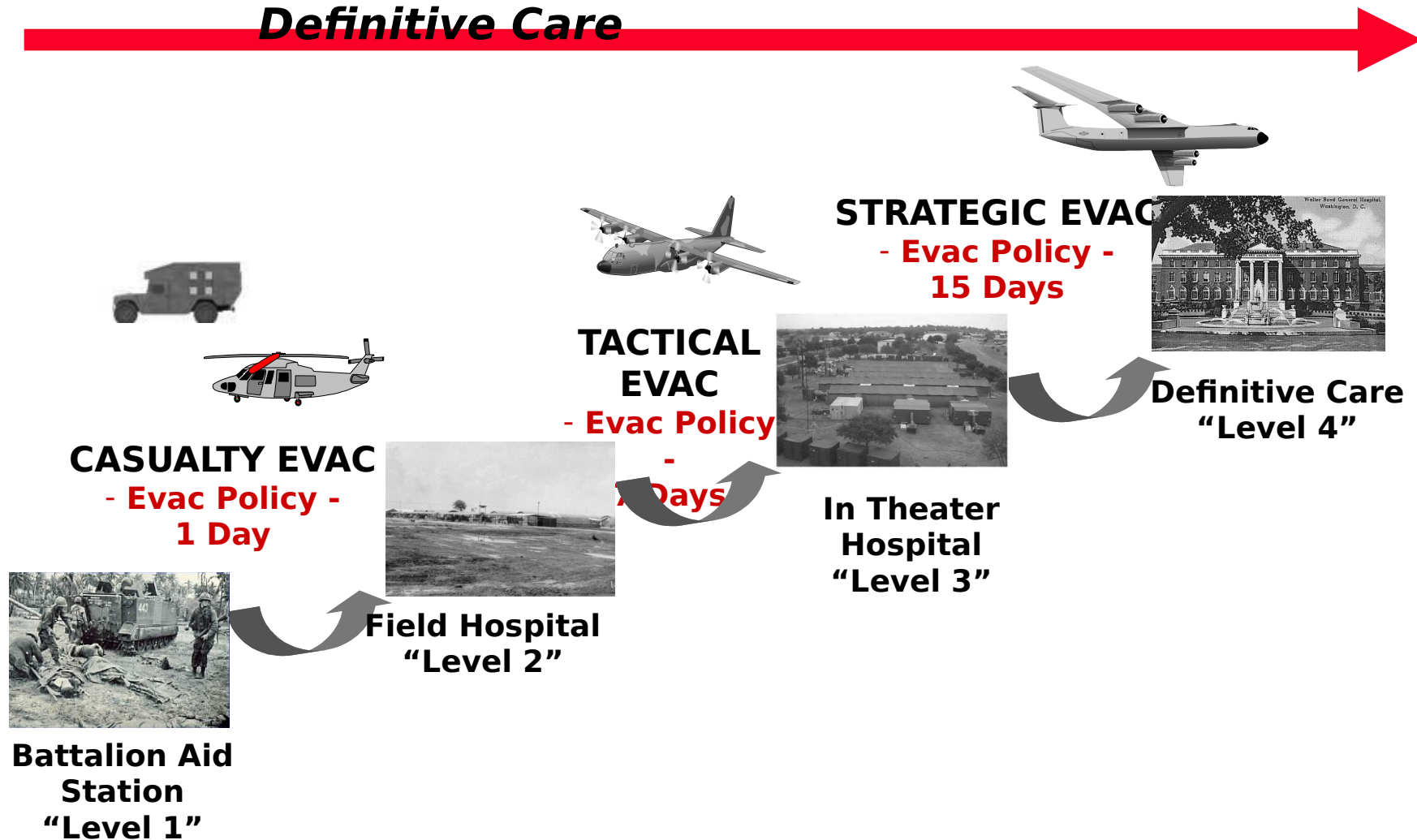
- Care Under Fire
 - Combat Application Tourniquet (CAT)
 - Hemostatic Dressing
- Tactical Field Care
 - Hypothermia Prevention
 - Combat Pill Pack
 - Antibiotics
 - Pain Control
- Combat Casualty Evac Care





CONTINUOUS EN ROUTE CARE

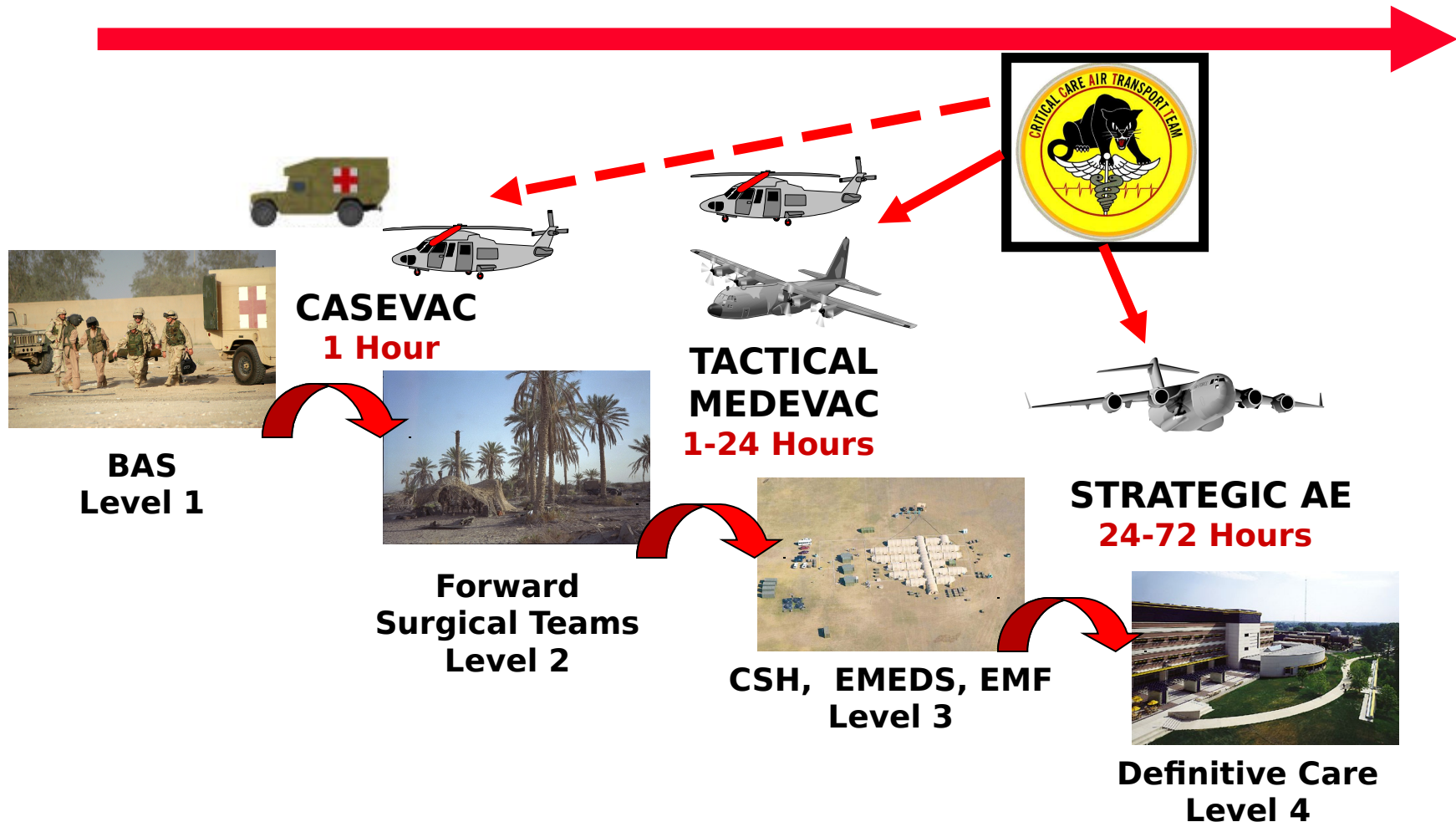
Historical Route From Injury to Definitive Care





CONTINUOUS EN ROUTE CARE

Current Route from Injury to Definitive Care



SURGICAL CAPABILITY PUSHED FAR FORWARD



PATIENT MOVEMENT

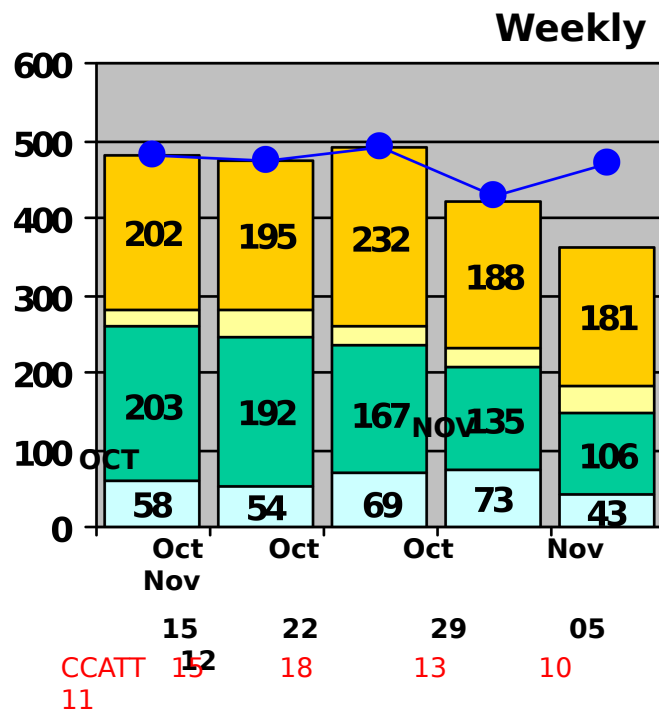
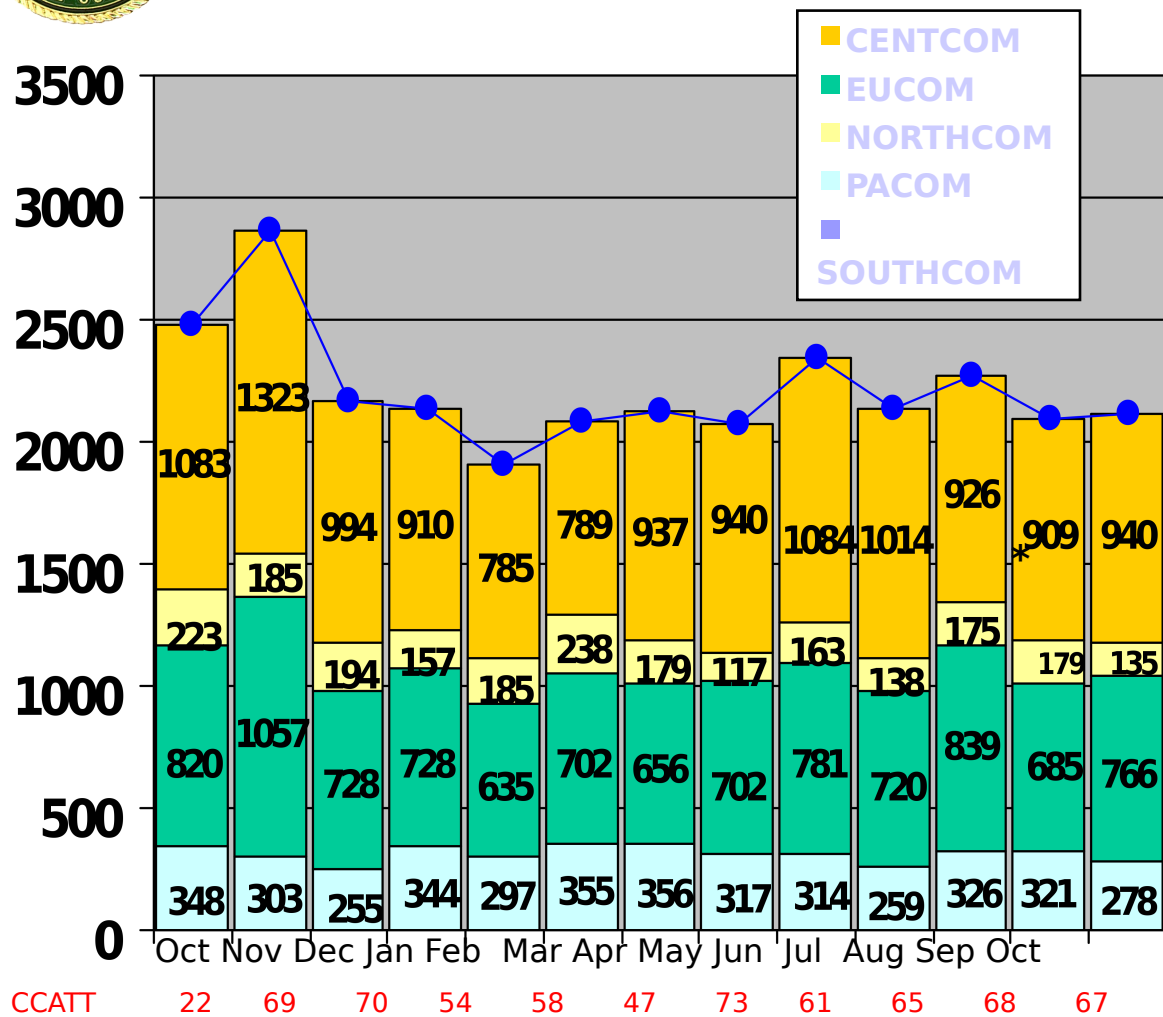
- Time from “battlefield” to combat surgical intervention:
 - Currently: 45-75 mins
- Time from “battlefield” to Landstuhl Medical Center, GE:
 - Currently: 36 - 48 hrs
- Time from “battlefield” to United States facility:
 - Viet Nam: 45 days
 - First months of OEF: avg 8 days
 - Currently: 3 - 4 days





GLOBAL PATIENT MOVEMENT

Patient Movement Request



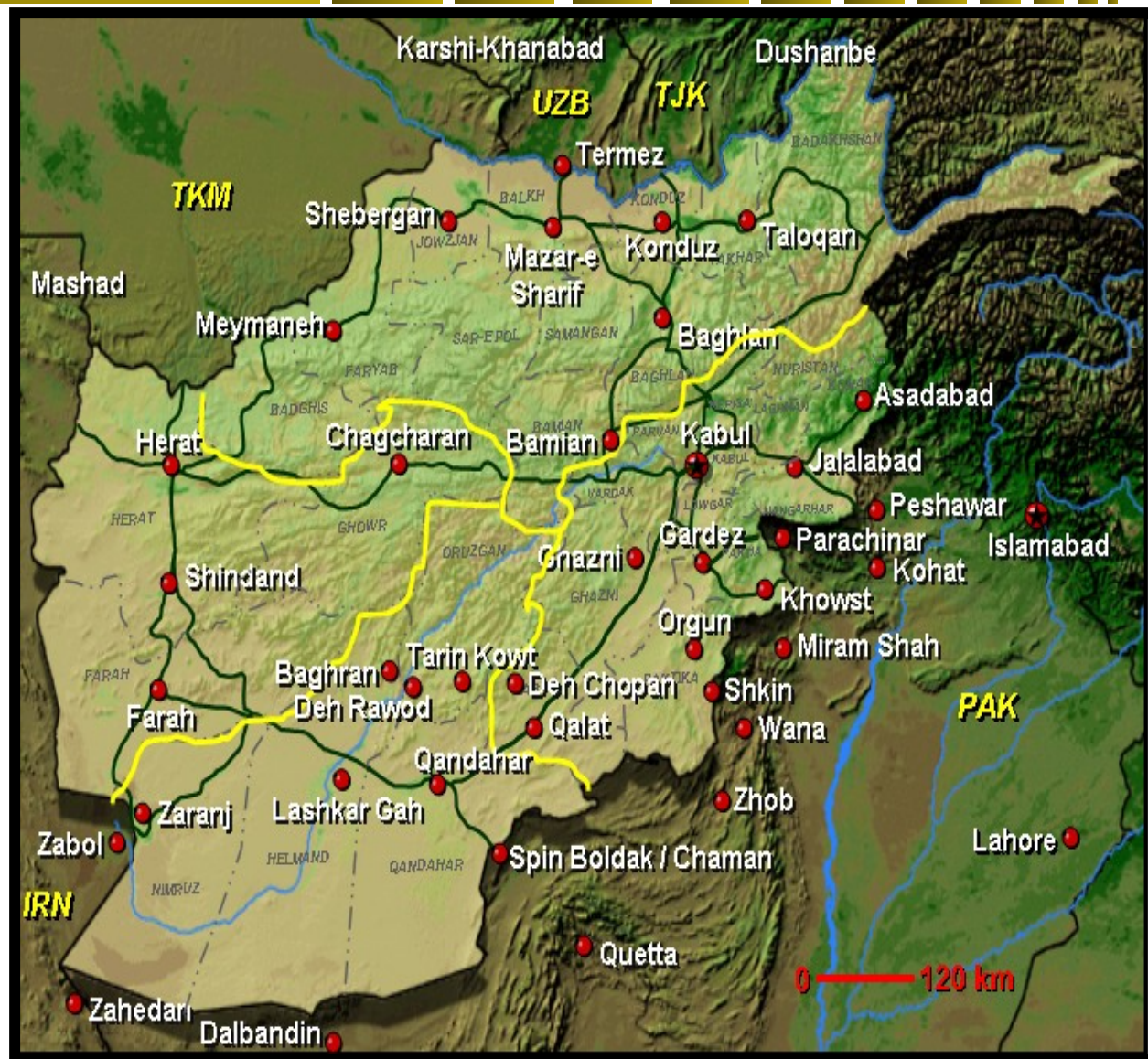
CCATT = CRITICAL CARE AIR TRANSPORT TMS

A/O 150001Z NOV 05

CFC-A MEDICAL SUPPORT



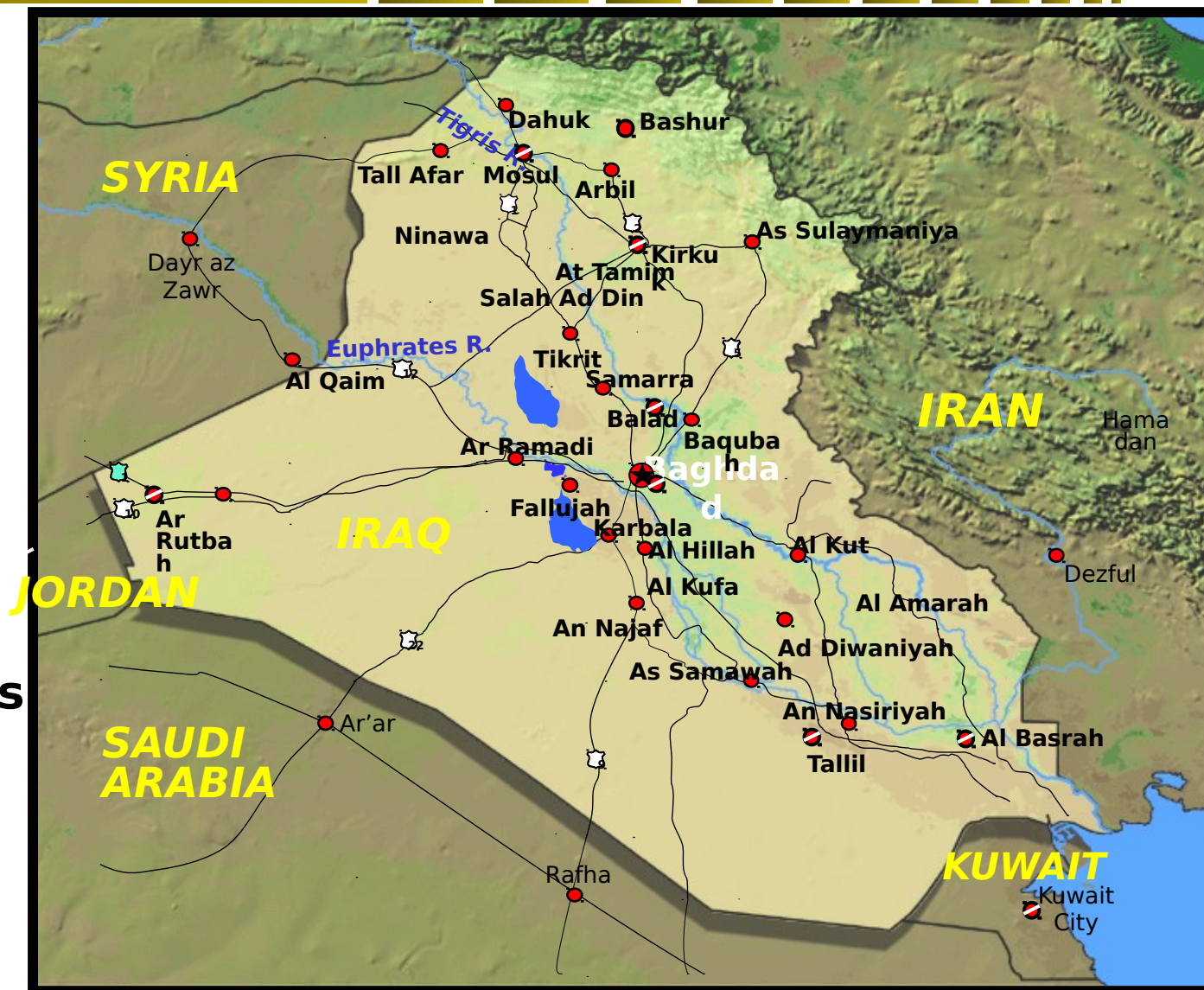
- Coalition: 18K
(US~17K)
- 2 US Hospitals
(35 Beds)
- 2 Coalition Hospitals
(86 Beds)
- 9 Medevac Helos
- 41 Ground Ambs
- 4 Tactical AE Hubs
- 2 Strategic AE Hubs





MNF-I/MNC-I/CFLCC MEDICAL SUPPORT (IRAQ / KUWAIT)

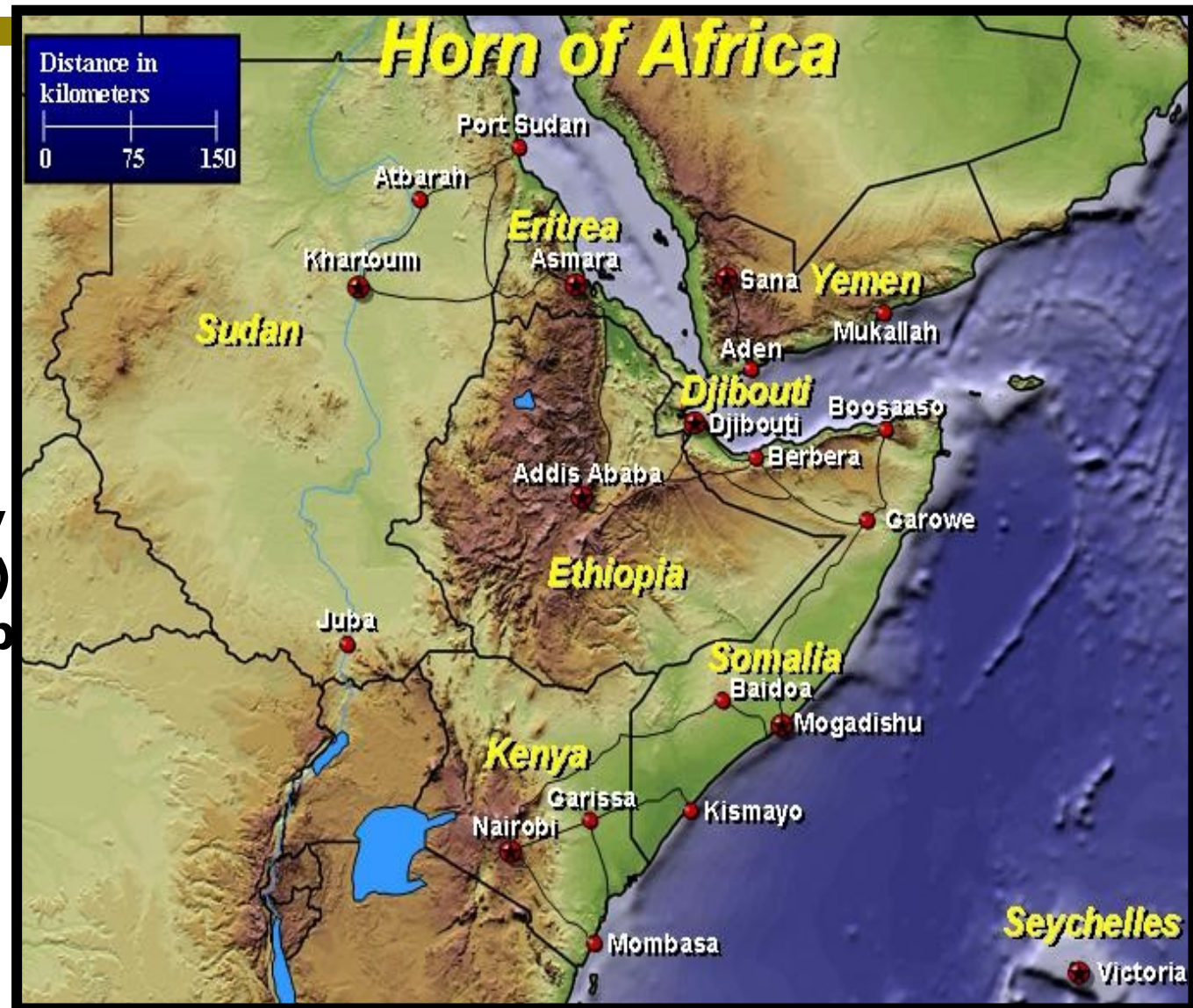
Coalition: 175K
(US~151K)
7 US Hospitals
(327 Beds)
5 Coalition
Hospitals
(311 Beds)
63 Medevac
Helos
682 Ground Ambs
5 Tactical AE
Hubs
2 Strategic AE
Hubs



CJTF-HOA MEDICAL SUPPORT



Coalition: 600
1 US Hosp (10
beds)
1 French Military
Hosp (56 Beds)
1 Tactical AE Hub





OEF/OIF COALITION HOSPITALS

IRAQ

- DUTCH LEVEL II 
- JAPAN LEVEL I 
- POLAND LEVEL II 
- JORDAN LEVEL II 
- S. KOREA LEVEL II 
- UAE LEVEL II 
- UKRAINE LEVEL I/II 
- UK LEVEL II, III 
- ITALY LEVEL II 

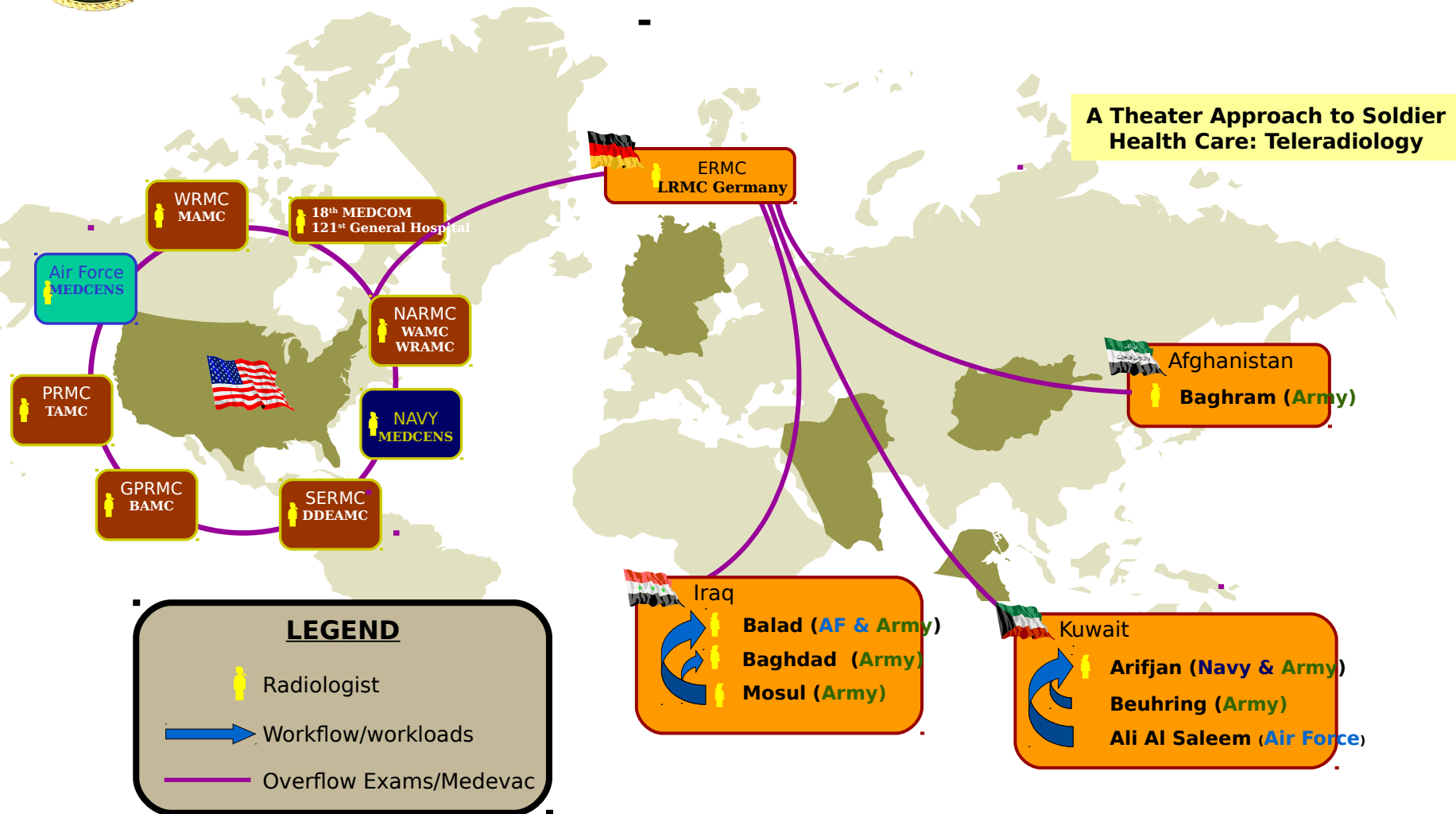


AFGHANISTAN

- CANADIAN LEVEL II+ 
- GERMAN -ISAF LEVEL II+ 
- FRANCE-ISAF LEVEL I 
- SPAIN-ISAF LEVEL I 
- ITALY-ISAF LEVEL I 
- GREECE-ISAF LEVEL I 
- JORDAN LEVEL II 
- BRITISH LEVEL I 
- BELGIUM LEVEL I 
- ROMANIAN LEVEL I 
- EGYPT LEVEL II 
- S. KOREA LEVEL I 
- UAE LEVEL I 



TELEMEDICINE & TELERADIOLOGY





JOINT THEATER SUPPORT: JOINT THEATER TRAUMA SYSTEM

- **Is military trauma management necessary/ relevant?**
 - Trauma volume and rate:
 - US Level I trauma center
 - 5,000 evaluations ~ 2,000,000 population (0.25%)
 - 2nd Med Brigade
 - 6,500 evaluations ~ 200,000 population (3.2%)
 - The answer is... YES.
- **Mission Statement:**
 - Establish a system for routing casualties to destinations that are best able at that time to provide required care.
 - Improve communication in the evacuation chain from Level I thru Level IV
 - Establish and populate Theater Trauma Registry (database) to evaluate the care provided: requirements outcome and data driven.
 - Develop and implement Trauma Clinical Practice Guidelines.
- **“Right patient, to the Right place, at the Right time”**



REASONS FOR IMPROVED OUTCOME

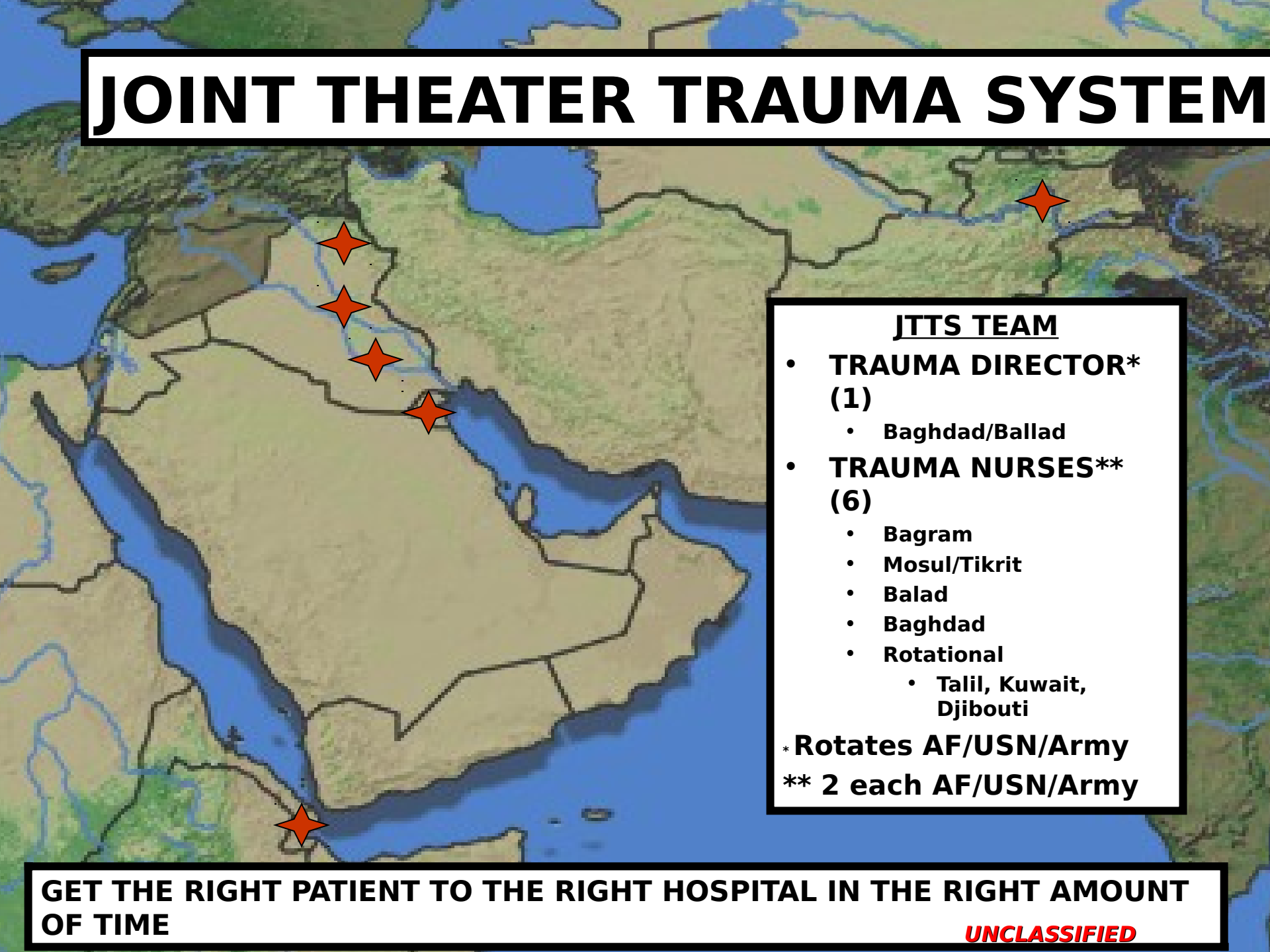
- **% KIA**
 - **21.3% Viet Nam - 12.5% OEF/OIF**
 - **Improved PPE**
 - **Emphasis on hemorrhage control**
 - **Tactical Combat Casualty Care**
 - **Better medicine...better medics!**
- **% CFR (TOTAL MORTALITY):**
 - **16.5% Viet Nam - 8.8% OEF/OIF**
 - **Majority of all deaths are KIA**



WHY DOW IS NOT HIGHER

- **% DOW**
 - **Viet Nam 3.5—OEF/OIF 4.1**
 - **Emphasis on trauma surgery training**
 - **Damage control surgery**
 - **Advances in ICU care**
 - **Understanding/preventing/treating**
 - **coagulopathy, hypothermia**
 - **Fresh whole blood/rFVIIa**
 - **Rapid evacuation (MEDEVAC-CCATT)**

JOINT THEATER TRAUMA SYSTEM

- 
- The background of the slide is a map of the Middle East. There are six orange stars placed on the map: one in the north (Iraq/Syria border area), one in the northwest (Iraq/Syria border area), one in the west (Iraq/Syria border area), one in the south (Iraq/Syria border area), one in the southwest (Iraq/Syria border area), and one in the southeast (Iraq/Syria border area).
- JTTS TEAM**
- **TRAUMA DIRECTOR***
(1)
 - Baghdad/Balad
 - **TRAUMA NURSES****
(6)
 - Bagram
 - Mosul/Tikrit
 - Balad
 - Baghdad
 - Rotational
 - Talil, Kuwait, Djibouti
- * Rotates AF/USN/Army
** 2 each AF/USN/Army

GET THE RIGHT PATIENT TO THE RIGHT HOSPITAL IN THE RIGHT AMOUNT OF TIME

UNCLASSIFIED



JOINT THEATER SUPPORT: JOINT PATIENT TRACKING APPLICATION (JPTA)

DownRangeTotal - Microsoft Internet Explorer provided by HQ USCENTCOM

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File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address <https://dwmmc.lrmc.amedd.army.mil/PatientInformation/secured/reports/activepatient.aspx?AREA=1&COUNTRY=2&DMISID=IR12> Go Links >>

Welcome LTC ORRICO

Patient Search Reports Patients By Service Help Logout

Reporting Facilities

Total Active Patients: 972

↓

THEATER	EUROPE	CONUS
295	203	474

↓

AFGHANISTAN	IRAQ	KUWAIT	QATAR
69	176	46	4

↓

115th FH BAGHDAD	115th FH BUCCA	228TH MOSUL	228TH TIKRIT	332 EMDG-BALAD	86th CSH - N. Baghdad	86th CSH-S TALLIL	FALLUJAH SURGICAL	TAQADDUM SURGICAL
4	2	2	26	67	39	30	1	5

↓

NAME	RANK	SEX	SSN	HOME STATION	UNIT	OP	COMPO	INJ NATURE	TYPE	DIAGNOSIS	ARR. DATE	STATUS	LOCATION
██████████	SFC	M	_3921	AL	TC CO MDM TRK CO	OIF	Army National Guard	DNBI		ABDOMINAL PAIN, GENERALIZED	06/15/05	INPATIENT	ICU
██████████	SGT	M	_5871	NY	0106CSMAINT BN DS-	OIF	Army National Guard	DNBI		HEPATIC INFARCTION	06/08/05	INPATIENT	ICW
██████████	PFC	M	_5530	N/A		OIF	UNKNOWN	DNBI		TORSION OF TESTIS	05/08/05	INPATIENT	ICW

Done

Internet

Start In... R... F... F... 1 ... P... R... D... Pr... F... J... J...

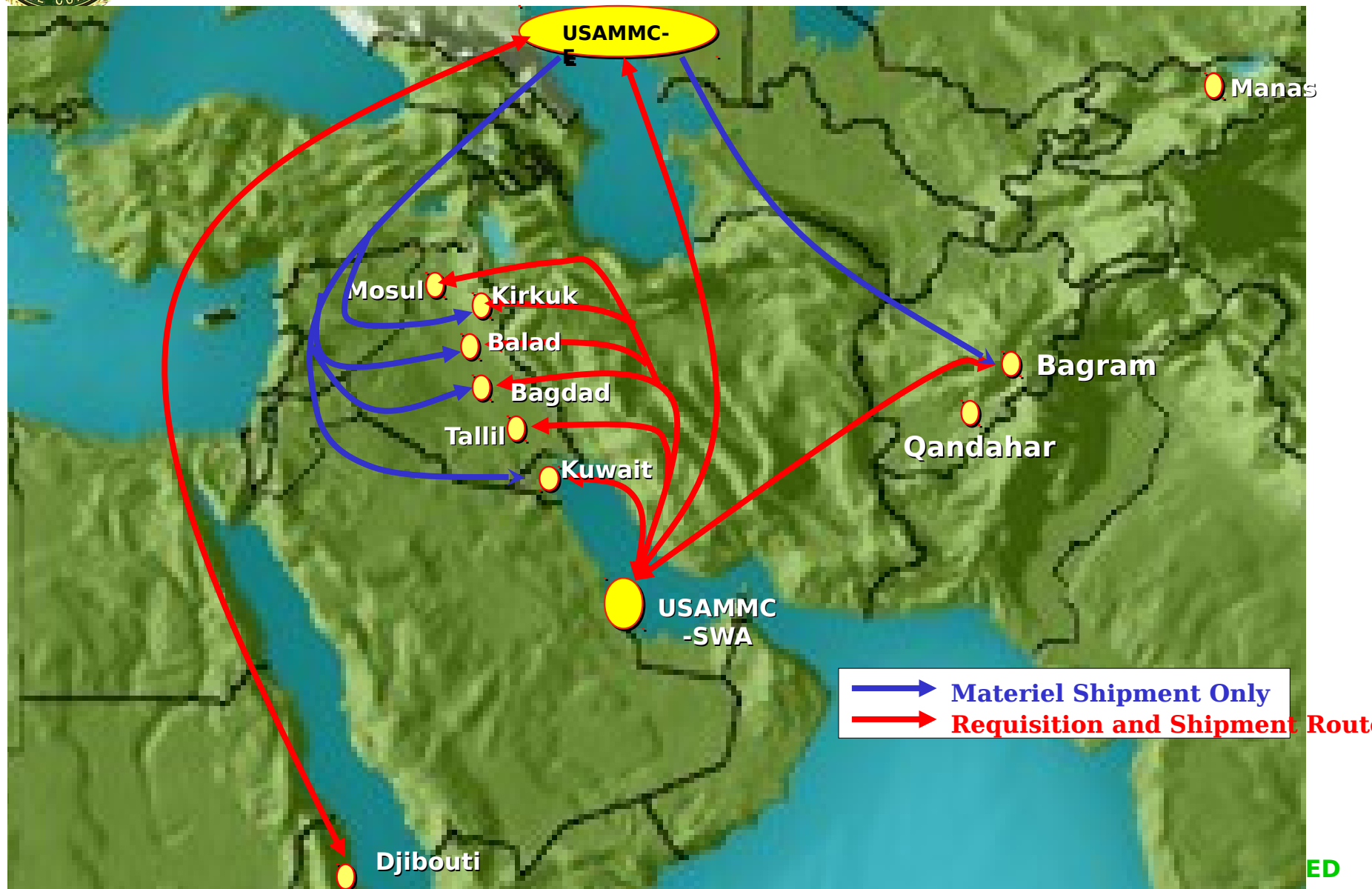
5:25 PM

Total In-Transient Pt Visibility: Fallujah to Balad to LRMCM to WRAMC to BAMC



MEDICAL LOGISTICS

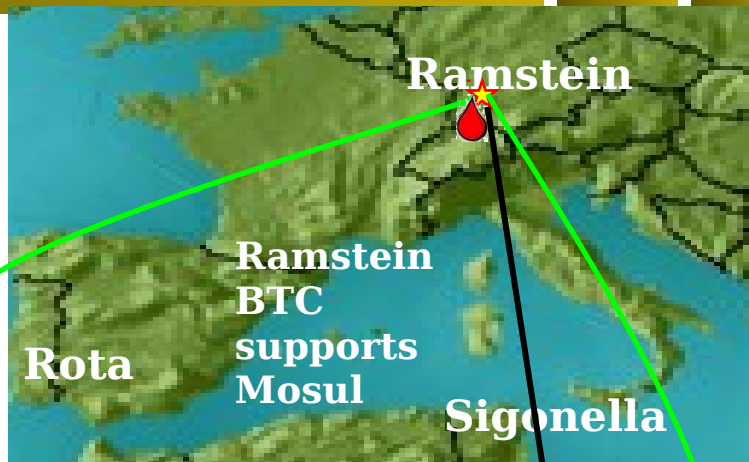
CLVIII REQUISITION & SHIPMENT





BLOOD DISTRIBUTION CHANNELS

ASWBPL
McGuire AFB

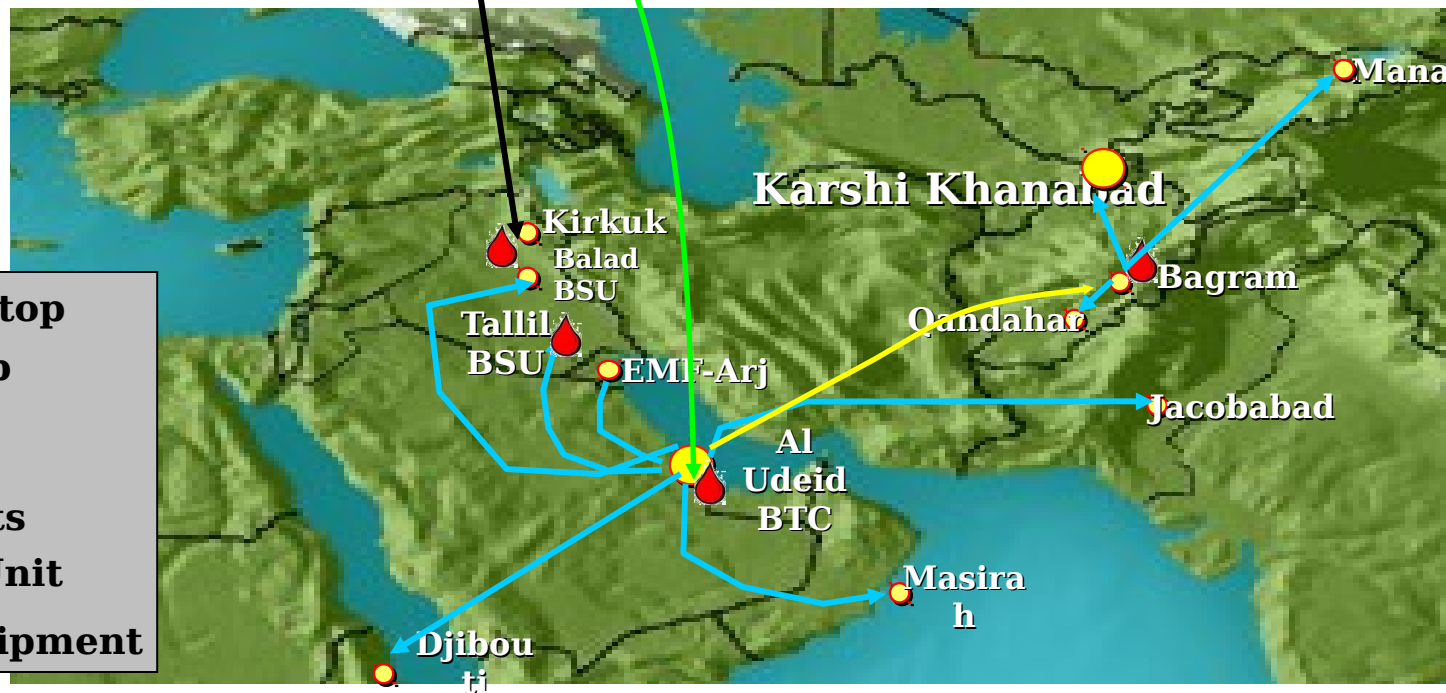


Al Udeid - CJOA AFG

Dover - Ramstein - Al Udeid

Intra-theater Movements

Ramstein - Kirkuk



★ APOE / In-Route Stop

● Intra Theater Hub

● End Destination

● Intra-theater
Distribution Points

BSU - Blood Supply Unit

BTC - Blood Trans-shipment

Center



“TEAM MEDICS”

***Joint, Coalition, Interagency,
Civilian, IOs, & Host Nation!***



QUESTIONS?